

<i>SERFF Tracking Number:</i>	<i>RDWS-126774856</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Universal Fidelity Life Insurance Co.</i>	<i>State Tracking Number:</i>	<i>46530</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>UFLIC SPWL 07/10-APP</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Universal Fidelity Life Insurance Co.

Product Name: UFLIC SPWL 07/10-APP

SERFF Tr Num: RDWS-126774856 State: Arkansas

TOI: L07I Individual Life - Whole

SERFF Status: Closed-Approved-
Closed State Tr Num: 46530

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Eddie Mire, Judy Tait

Disposition Date: 08/20/2010

Date Submitted: 08/18/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The form is being
simultaneously submitted to the State of
Domicile, Oklahoma.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/20/2010

Explanation for Other Group Market Type:

State Status Changed: 08/20/2010

Deemer Date:

Created By: Judy Tait

Submitted By: Judy Tait

Corresponding Filing Tracking Number:

Filing Description:

Universal Fidelity Life Insurance Company

SPWL 07/10-APP

This application is to be used with form number SPWL 06/10 AR which was approved on June 24, 2010 (SERFF RDWS-126669049).

Company and Contact

SERFF Tracking Number: RDWS-126774856 State: Arkansas
 Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number: 46530
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
 Product Name: UFLIC SPWL 07/10-APP
 Project Name/Number: /

Filing Contact Information

Judy Tait, Admin jttait@ruddwisdom.com
 Rudd and Wisdom, Inc. 512-346-1590 [Phone]
 9500 Arboretum Blvd 512-345-7437 [FAX]
 Suite 200
 Austin, TX 78759

Filing Company Information

(This filing was made by a third party - ruddandwisdominc)

Universal Fidelity Life Insurance Co.	CoCode: 70122	State of Domicile: Oklahoma
13931 Quail Pointe Dr.	Group Code:	Company Type:
Oklahoma City, OK 73134	Group Name:	State ID Number:
(800) 366-8354 ext. [Phone]	FEIN Number: 73-0493220	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 application at \$50.00.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Fidelity Life Insurance Co.	\$50.00	08/18/2010	38861063

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/20/2010	08/20/2010

<i>SERFF Tracking Number:</i>	<i>RDWS-126774856</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Universal Fidelity Life Insurance Co.</i>	<i>State Tracking Number:</i>	<i>46530</i>
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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>
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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 08/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>RDWS-126774856</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application		Yes

SERFF Tracking Number:	RDWS-126774856	State:	Arkansas
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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SPWL 07/10-APP	Application/ Application Enrollment Form	Initial		49.000	SPWL 07-10 APP.pdf

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

815 West Ash Duncan, Oklahoma 73533 - PO Box 1428, Duncan, Oklahoma 73534

LIFE INSURANCE APPLICATION (Please print in black ink).

Proposed Insured _____ (First) (Middle) (Last)					_____ Phone			_____ Best time to call		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Address (No. & Street) _____					E-mail _____@ _____						
City _____			State _____		Zip Code _____						
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /		Age	State of Birth		Social Security Number / /		Height ft in	Weight Lbs	
Owner: Name _____					Relationship _____			SS# _____ / _____ / _____			
Address _____					City/State/Zip _____						
Primary Beneficiary				Relationship		Contingent Beneficiary				Relationship	
Primary Beneficiary				Relationship							
Face Amount \$ _____					Premium Payment \$ _____						
Policy is Single Premium Only, Plan _____											
A. Do you have existing life insurance with Universal Fidelity Life Insurance Company? <input type="checkbox"/> Yes <input type="checkbox"/> No											
B. Will this policy replace an existing life insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, give Company Name: _____					Policy # _____		Amt of Coverage \$ _____				
C. Do you currently have an application for life insurance pending with another company? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, give Company Name: _____					Face Amount \$ _____						

HEALTH INFORMATION

Personal Physician Name: _____		Date Last Seen: _____	
Address: _____		Phone: _____	
Name of Physician Last Seen _____		Reason / Date _____	
Address: _____		Phone: _____	
List Current Prescription Medications: _____			

If any answer to questions 1 through 5 is answered “Yes” the Proposed Insured is not eligible for this product.

1. Are you currently hospitalized, confined to a bed, a nursing facility, or a long term care facility, or using oxygen equipment to assist in breathing, or receiving Hospice Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you had or been medically advised to have an organ transplant, or have you been medically diagnosed as having Alzheimer’s, dementia, mental incapacity, or have you been diagnosed, treated (including dialysis) or take medication for kidney failure, renal insufficiency, liver failure, or respiratory failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past 24 months have you been medically diagnosed, treated, or taken medication for internal cancer, melanoma, leukemia, heart attack or heart surgery, unstable angina, stroke, aneurysm, chronic hepatitis or pancreatitis, or cirrhosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been medically diagnosed, treated, or taken medication for congestive heart failure, cardiomyopathy, Lou Gehrig’s disease, or Huntington’s disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Circle any condition that applies to all “Yes” answers to questions 6-8.

6. Have you had an application or reinstatement for life or health insurance declined, postponed, or rated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Within the past 24 months have you had or been recommended to have treatment, been prescribed medication, or had counseling for alcohol or drug abuse, or used heroin, cocaine, any illegal drugs, or abused prescription medications?	
8. Within the past 5 years have you been medically diagnosed, hospitalized, received treatment, or taken medication for:	
a. high blood pressure, stroke or TIA, angina (chest pain), heart valve surgery, stent implant, aneurysm, or any heart or circulatory disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. diabetes, kidney disease, cirrhosis, chronic hepatitis or pancreatitis, liver disease, ulcerative colitis, or gastrointestinal disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. emphysema, chronic obstructive pulmonary disease (COPD), any disease or disorder of the lungs, or respiratory condition requiring oxygen equipment to assist in breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. internal, cancer, lymphoma, melanoma, leukemia, or systemic lupus (SLE), or have you had more than one occurrence of cancer in your lifetime (excluding basal or squamous cell skin cancer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. paralysis of two or more extremities or any neuro-muscular disease (including muscular dystrophy, cerebral palsy, multiple sclerosis, grand mal seizures, Parkinson’s disease), nervous or mental disorder, schizophrenia or bipolar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Within the past 12 months have you engaged in or do you plan to engage in flying as a pilot, student, or crew member, underwater diving, hang gliding, sky diving, parachuting, ballooning, racing, or mountain or rock climbing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. In the past 12 months have you used tobacco in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AGREEMENT: (1) To the best of my knowledge and belief, all answers contained in this application are true, complete and correctly recorded; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of a felony.

AUTHORIZATION: In order to properly classify my application for life insurance, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, pharmacy benefit managers, pharmacies, pharmacy-related facilities, the MIB, Inc. (“MIB”) or other organization, institution or person that has knowledge or records of me and my health to give such information to: (a) Universal Fidelity Life Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of: PO Box 1428, Duncan, Oklahoma 73534. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the MIB, Inc., are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize Universal Fidelity Life Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the MIB, Inc.; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

I acknowledge receiving the Fair Credit Reporting Act Notice and the MIB Pre-Notice.
I acknowledge receiving the Terminal Illness, Confined Care and/or Home Health Care Accelerated Benefit Rider Disclosure Forms, if applicable.

Signed at _____
CITYSTATE

Date of Application _____
MONTHDAYYEAR

Agent _____ No: _____
SIGNATURE

SIGNATURE OF PROPOSED INSURED

SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

MODIFIED ENDOWMENT CONTRACT DISCLOSURE

I understand that the policy for which I am applying will be a Modified Endowment Contract and I acknowledge receiving the Disclosure Form.

SIGNATURE OF PROPOSED INSURED

SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

DATE (MONTH/DAY/YEAR)

AGENT’S REPORT

The applicant and I have identified assets of the applicant that are not needed for the support of daily needs or anticipated to be needed during the life of the applicant. ☐ Yes ☐ No

The applicant understands that a single premium life insurance policy is especially designed for transferring income tax free wealth to a named loved one upon the passing of the insured. ☐ Yes ☐ No

I have fully explained, in a manner understood by the applicant, about the benefits of the policy and the details of the Accelerated Benefit Rider-Terminal Illness, the Accelerated Benefit Rider-Confined Care and the Accelerated Benefit Rider-Home Health Care. ☐ Yes ☐ No

I have asked every question on the application of the applicant in person and truthfully and fully recorded the answers. I am aware of whether a replacement of insurance may be involved in this transaction. ☐ Yes ☐ No

I understand that it is my responsibility to deliver the policy in person, fully explain the benefits and answer all questions, and obtain delivery receipt for immediate return to the company home office Agency department in Duncan, Oklahoma.

Having read the above, I hereby attest to the truthfulness of the responses,

WRITING AGENT’S SIGNATURE

AGENT NUMBER

DATE

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY
Po Box 1428, Duncan, Oklahoma 73534

CONDITIONAL RECEIPT

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT.

Received of _____ the sum of \$ _____ as payment on this application

Date _____ Agent _____

The life insurance policy will not be effective until the policy has been issued by the home office.

If (1) an amount equal to the full premium is submitted; and if (2) all underwriting requirements, including any medical examinations required by the Company's rules, are completed; and (3) the proposed insured is, on the date of application, a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, then the Effective Date of Coverage under this policy for all coverage provided in the original application will be the later of the Policy Date or the date the Single Premium is received.

If any of the above conditions are not met, the liability of the Company shall be limited to the return of any amount paid.

If you have not received the policy within thirty days, please contact the home office. The toll free number is 1-800-366-8354.

NOTICE

Printed in compliance with Public Law 91-508 – Fair Credit Reporting Act

Thank you for considering Universal Fidelity Life Insurance Company for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. Universal Fidelity Life Insurance Company, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, Inc., upon request, will supply such company with the information in its file.

Upon receipt of a request form from you, MIB, Inc. will arrange disclosure of any information it may have in your file. Please contact MIB, Inc. at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information to the MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Information for consumers about MIB, Inc. may be obtained on its website at: www.mib.com.

Universal Fidelity Life Insurance Company, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
FLESCH SPWL07-10-APP.pdf		

FLESCH READABILITY SCORE CERTIFICATION

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

I, Eddie Mire, am a consulting actuary doing work for Universal Fidelity Life Insurance Company. I certify that the following form has been tested and meets the minimum required reading ease score.

Form Number

Flesch Score

SPWL 07/10-APP

49.0

A handwritten signature in black ink that reads "Eddie Mire". The signature is written in a cursive style with a large, stylized 'E' and 'M'.

August 18, 2010
Date

Eddie Mire
Rudd and Wisdom, Inc.